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ABSTRACT

Little research in the existing literature attempts to define feminist therapy by incorporating the specific experiences and philosophies of those who describe themselves as feminist therapists. Even less information is available about the perceptions of their clients. Therapists and their clients answered questions about the theoretical foundations of feminist therapy. The findings indicated that although therapists and clients responded in similar proportions to many items, discrepancies existed between responses about encouraging clients to "shop around" for a therapist and negotiating therapy contracts. The results suggest a need for further study of how closely the philosophies and practices of feminist therapists follow the theoretical definitions of this form of therapy. (JAC)

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FEMINIST THERAPY: A COMPARATIVE STUDY OF THERAPISTS AND CLIENTS

Presented at

the Annual Conference

of the Association of Women in Psychology

Boston, Massachusetts

March 5-8, 1981

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CG 015500

Various definitions of feminist therapy have appeared in academic journals, psychology of women texts, and alternative newspapers during the past decade. Descriptions of feminist therapy usually center around common values and practices supposedly adhered to by the therapists. Yet there is little in the existing literature which attempts to further define feminist therapy by incorporating the specific experiences and philosophies of those who define themselves as feminist therapists. Furthermore, even less information is available concerning the experiences and perceptions of the clients of feminist therapists.

It was the goal of this study to further define feminist therapy by posing questions based on the theoretical foundations of feminist therapy and comparing the responses of the therapists with those of the clients. This goal stems from a desire to stimulate discussion and study of feminist therapy from a practical standpoint, to help bring the abstract, theoretical definitions to a more concrete level. Another reason for surveying the clients was to check how closely the practices of the therapists follow the theory of the practice of feminist therapy. In other words, would the clients report that the therapists are "practicing what they preach"?

Because so few substantive studies exist in the literature, this study was designed to be hypothesis-generating rather than hypothesis-testing.

To further this aim, two survey questionnaires were developed, one for feminist therapists and one for clients. Copies of the questionnaires can be found in Appendices A and B.

The subjects were 62 feminist therapists and 65 clients of feminist therapists. All were female because the majority of both feminist therapists and their clients are female. As generalized from an analysis of the questionnaires, a "typical" feminist therapist in this study is white, under age 35, a California resident, has a Master's degree, is in private practice, became a feminist therapist by reading extensively on the subject and attending workshops, and has been practicing feminist therapy for five years. She sees clients, primarily women, both individually and in groups, and bases her work on an eclectic, Gestalt or humanistic orientation. A "typical" client in this study is white, under age 34, a California resident, identifies herself as a feminist, has a Bachelors degree and is still being seen in individual therapy. She found her feminist therapist through hearing about her from a friend, pays for therapy on a sliding scale basis, and became a feminist before entering feminist therapy.

The subjects were obtained through a variety of means. At the 1980 Association of Women in Psychology Convention, the investigator distributed sign-up sheets to gather names of those interested in participating. Subjects were also obtained by contacting local women's centers and from other

feminist therapy conferences. Since a much larger proportion of therapists was generated through these means, the therapists were asked on the questionnaire if they would be willing to distribute client questionnaires. It was in this manner that the majority of the clients were obtained. Confidentiality was insured through the use of anonymous, numerically coded questionnaires.

The return rate on the questionnaires was 52 percent. While the return rate of the client questionnaires was 39 percent, the return rate of the therapist questionnaires was 78 percent. This large discrepancy may be, in part, due to the fact the investigator depended on the willingness of the therapists to distribute the client questionnaires.

Responses of the therapists and clients were compared on items concerned with the following issues, based on the references cited below:

1. the need for the clear expression of the therapist's values because all therapy is value-based (Feminist Counseling Collective, 1975; Leidig, 1977; Thomas, 1977);

2. encouraging the client to shop around for a therapist (Lerman, 1974; Thomas, 1977; Wolman, 1978);

3. attitude toward the need for social change (Greenspan, 1976; Thomas, 1977);

4. opinion concerning expertise in the therapeutic relationship (Feminist Counseling Collective, 1975; Kaschak, 1980; Maracek, 1975);

5. extent to which sex-role stereotyping is discussed in feminist therapy (Feminist Counseling Collective, 1975; Greenspan, 1976; Holroyd, 1976; Lerman, 1974; Maracek, 1975; Thomas, 1977);

6. view of sex roles - traditional vs. nontraditional (Feminist Counseling Collective, 1975; Kaschak, 1980; Rawlings and Carter, 1977);

7. the negotiation of therapeutic contracts and fees (AWP, 1979; Holroyd, 1976; Lerman, 1974; Maracek, 1975; Thomas, 1977);

8. opinion concerning the gender of a feminist therapist (Kaschak, 1980; Kirsch, 1974; Kronsky, 1971);

9. attitude concerning relationships between therapist and client outside of therapy i.e. under what circumstances would they be friends.

Items that elicited responses which appear to be significantly different included: encouraging the client to shop around for a therapist, the negotiation of therapy contracts, and under what circumstances friendships would be considered. For example, whereas 66 percent of the therapists claim that they encourage clients to shop around, 71 percent of the clients report that they were not encouraged to shop around. A discrepancy between the responses also exists concerning the negotiation of therapeutic contracts, in that 94 percent of the therapists stated that they do negotiate therapy contracts, while 68 percent of the clients stated that they did not have a contract to specify therapy goals. In addition, some variations are apparent in the extent to which the therapists and clients would be willing to enter a friendship with each other. The tendency was for the clients to be more willing to be friends with their therapists than the therapists were willing to be friends with their clients, as illustrated by the following percentages: while 55 percent of the clients would be friends with their therapists before therapy, 31 percent of the therapists would be willing in this instance. During

therapy, 39 percent of the clients would be friends with their therapist, as opposed to 23 percent of the therapists. However, both groups reported a willingness to be friends after therapy in similar proportions: 71 percent of the therapists and 75 percent of the clients.

Responses which appear be similar concerned such issues as: type of payment accepted, therapist self-disclosure, political perspective, the gender of the feminist therapist, view of sex roles, the role of expertise in the therapeutic relationship, the clear expression of the therapist's values, and the goals of therapy. To illustrate, the belief that all feminist therapists are women was supported by 39 percent of the therapists and 42 percent of the clients. Another option in the question concerning the gender of a feminist therapist, that the majority of feminist therapists are women, but some highly conscious men may be feminist therapists, was subscribed to by 50 percent of the therapists and 40 percent of the clients. It is also interesting to note that, in responding to the question concerning sex roles, none of the therapists or clients selected the option which states, "Traditional sex roles are normal and should be reinforced." At the same time, 13 percent of the therapists and 18 percent of the clients selected the option which states,"Traditional sex roles should be abolished and should be replaced by an androgynous model of mental health."

The findings seem to indicate that, although the therapists and clients responded in similar proportions to many of the items, discrepancies which exist in the responses to some of the other items deserve mention. Encouraging clients to shop around for a therapist and negotiating therapy contracts are purported to be two of the most commonly mentioned aspects of feminist therapy designed to encourage the client to take responsibility for herself and to discourage unhealthy dependency on the therapist. It appears that the discrepancies between the therapist and client responses on these items challenge some of the most fundamental aspects of feminist therapy. A continuing study of how closely the philosophies, values and practices of feminist therapists follow the theoretical definitions of this form of therapy is needed in the attempt to further develop and refine the definition of feminist therapy.

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APPENDIX A

COVER LETTER

145 South 17th St.
San Jose, Calif. 95112
March 23, 1980

My name is Catherine Curtin and I am a graduate student in the Clinical-Community Psychology Program at San Jose State University. The purpose of this letter is to describe the study I am conducting and to request your participation.

For the past two years I have been reading and researching in the area of feminist therapy. The area is of great interest to me as a student of psychology and of the Women's Movement. Feminist therapy is an important and exciting new field, but many are still unaware of its existence.

The purpose of this thesis is to gather information concerning what happens in feminist therapy from the clients of feminist therapists as well as from the feminist therapists themselves. Most of what has been written about feminist therapy so far is theoretical. For this reason, I am asking for your participation. As someone who has firsthand experience with feminist therapy, you can provide valuable information and shed light on this new field through your participation in this study.

Attached to this letter you will find a questionnaire which will take approximately twenty minutes to fill out. Confidentiality will be insured because your questionnaire contains only a coded number you will find in the top right-hand corner of the first page.

Please fill out the questionnaire and return it to me in the stamped, self-addressed envelope by April 30, 1980. Returning it promptly will greatly facilitate the process of data tabulation.

Thank you for helping to add to the knowledge of feminist therapy and for helping me finish my thesis.

Sincerely,

Catherine A. Curtin

Catherine A. Curtin

___

APPENDIX B

CLIENT QUESTIONNAIRE

1. Your age _____
2. Your occupation _____ _____
3. Race/ethnic group:

   White ___ Asian-American ___

   Black ___ Filipino ___

   Mexican-American ___ Other non-white ___
4. City and state of residence:

   _____
5. What is the highest degree you have earned? (check one)

   High School ___ Ph.D. in _____

   BA/BS in _____ MD (specialty) _____

   MA/MS in _____ Other (please specify)____

   RN ___ _____
6. Have you had any previous therapy before entering feminist therapy?

   yes ___ no ___

   If you answered yes to the above, was (were) your therapist (s):

   male ___ female ___ both ___

   feminist ___ nonfeminist ___ both ___

   If you have been in therapy before entering feminist therapy, why did you change therapists? (check any that apply)

   ___ I wanted a woman therapist

   ___ I wanted a feminist therapist

   ___ other (please specify) _____

   _____

7. If you have finished seeing your feminist therapist, how many sessions did you have with her?

___ 0-5
___ 6-10
___ 11-15
___ 16- 20
___ more than 20

Individual ___ or group ___ sessions?

8. If you are still seeing a feminist therapist, how many sessions have you had so far?

___ 0-5
___ 6-10
___ 11-15
___ 16-20
___ more than 20

Individual ___ or group ___ sessions?

9. With your feminist therapist, did you participate in or are you participating in (check any that apply):

individual therapy ___
group therapy ____
couples therapy (heterosexual) ____
couples therapy (lesbian) _____
family therapy ____
workshops ____
educational and/or vocational counseling ____
other (please specify) _____

10. How did you find your feminist therapist? (check any that apply)

referral from a women's center ___
referral from another therapist ____
referral from a doctor ___
referral from a lawyer ___
heard about her from a friend ___
saw an advertisement listing her name ___
from a listing in the telephone book
other (please specify)_____

11. By which of the following methods do you pay your feminist therapist?

____standard fee per hour/ what is the fee? _____ Is this fee for group or individual? _____

____ sliding scale/ what is the range? _____ Is this for group or individual?

____(for Calif. residents only) Medi-Cal

____ other (please specify) _____

12. Did you know you were in feminist therapy?

yes ___ no ___

13. Before you entered therapy with your feminist therapist, did you know about her :

skills yes ___ no ___

theoretical orientation yes ___ no ___

values yes ___ no ___

fees yes ___ no ___

or personal life? yes ___ no ___

14. In the first therapy session, did your feminist therapist tell you about her:

skills yes ___ no ___

theoretical orientation yes ___ no ___

values yes ___ no ___

fees yes ___ no ___

or personal life? yes ___ no ___

15. During therapy, did your feminist therapist tell you about her:

skills yes ___ no ___

theoretical orientation yes ___ no ___

values yes ___ no ___

fees yes ___ no ___

or personal life? yes ___ no ___

If none of the above apply, please specify when, if ever, your feminist therapist told you about her skills, orientation, values, fees, or personal life:

16. Before making a commitment to provide therapy, did your therapist encourage you to shop around for a therapist?

yes ___ no___

17. Did it matter to you what sexual orientation (hetero-sexual, homosexual, bisexual, etc.) your feminist therapist was?

yes ___ no___ If yes, please explain:

If no, please explain:

18. Did you have a contract to specify the goals of therapy?

yes ___ no___

If so, was it a written contract? yes __ no___

was it a verbal contract? yes __ no___

19. Do you consider yourself to be a feminist?

yes ___ no___

If so, did you become a feminist (check one):

before ___

during ___

or after ___

your involvement in feminist therapy?

20. To what extent did your therapist share her personal experiences with you? (circle one)

1	2	3	4	5
never	rarely	sometimes	often	always

21. To what extent did your therapist discuss the issue of sex-role stereotyping with you? (circle one)

1	2	3	4	5
never	rarely	sometimes	often	always

22. Was your feminist therapist:

in a group collective ___

employed by a public agency ___

a member of a college or university faculty ___

enrolled in school ___

other (please specify) _____

don't know ___

23. Please put a "C" next to the statement which most accurately reflects your perspective. Then put a "T" next to the statement you feel most accurately reflects the perspective of your feminist therapist.

____Only through institutional change can equal treatment for both women and men be achieved.

____The oppression of women must be eliminated through a complete restructuring of society.

____Receiving equal treatment is an individual concern, not determined by a person's sex.

____Other (please specify) _____

Was your opinion formulated (check one):

before ___

during ___

or after ___

your involvement in feminist therapy?

24. Please put a "C" next to the statement which most accurately reflects your opinion concerning expertise in the therapeutic relationship. Then put a "T" next to the statement which you feel most accurately describes the opinion of your feminist therapist.

____The therapist is the expert.

____The client is the best expert on her/his own process, but the therapist has certain skills and expertise.

____The therapist is not an expert. The client is the best expert on her/his own process.

____The therapist's skills and psychological insights may outweigh the client's self-awareness.

____Other (please specify)

Was your opinion formulated (check one):

before ___

during ___

or after ___

your involvement in feminist therapy?

25. Please put a "C" next to the statement which most accurately reflects your view concerning sex roles. Then put a "T" next to the statement you feel most accurately reflects the opinion of your feminist therapist.

___ Traditional sex roles are normal and should be reinforced.

___ Traditional sex roles should be completely abolished and replaced by an androgynous model of mental health.

___ Traditional sex roles should be abolished when possible or desired. Sex-specific differences in behavior which people choose to retain should be equally valued.

___ Other (please specify) _____

_____

Was your opinion formulated (check one):

before ___

during ___

or after ___

your involvement in feminist therapy?

26. Put a "C" next to the statement which most accurately reflects you opinion of what, in general, the goals of therapy should be. Then put a "T" next to the statement which you feel most accurately reflects the opinion of your feminist therapist.

___ There must be individual and societal change, but the client need not participate in social change.

___ There must be individual and societal change. Both therapists and clients should become involved in social change.

___ There should be enough individual change to enable the client to become involved in social change. Both therapists and clients must be involved in social change.

___ Other (please specify) _____

Was your opinion formualted (check one):

before ___

during ___

or after ___

your involvement in feminist therapy?

27. Put a "C" next to the statement which most accurately reflects your opinion concerning the need for the therapist to make her values clear in therapy. Then put a "T" next to the statement which you feel most accurately represents your therapist's opinion.

___ The therapist's values must be made explicit because therapy is value based.

___ It is irrelevant for the therapist to make her values explicit.

___ Certain aspects of therapy are based on values which may be made explicit when relevant.

___ Other (please specify) _____

_____

Was your opinion formulated (check one):

before ___

during ___

or after ___

your involvement in feminist therapy?

28. Would you be friends with your feminist therapist:

before therapy?	yes ___	no ___
during therapy?	yes ___	no ___
after therapy?	yes ___	no ___

If you answered yes to any of the above, under what circumstances would you be friends with your feminist therapist? (check any that apply)

in social situations ___

in political situations ___

other (please specify) _____

29. Put a "C" next to the statement which most accurately reflects your opinion concerning the gender of a feminist therapist. Then put a "T" next to the statement you feel your feminist therapist would agree with.

___ All feminist therapists are women. Men cannot serve as role models or validate women's experience in this society.

___ The majority of feminist therapists are women, but some highly conscious men may be feminist therapists.

___ Both women and men may be equally effective as feminist therapists.

___ Other (please specify) _____

_____

Was your opinion formulated (check one):

before ___

during ___

or after ___

your involvement in feminist therapy?

30. Do you feel change occurred as a result of your involvement in feminist therapy?

yes ___ no___

If yes, please rank on a scale of 1 to 17 the aspects you feel were most important in bringing about change:

___ The therapist gave honest feedback.

___ I began to believe that I have a right to express anger.

___ The therapist was interested and concerned.

___ The therapist shared her personal experiences with me (self-disclosure).

___ The therapist helped me separate externally defined role expectations from my own internal processes.

___ I realized that I am a competent and worthwhile person.

___ The therapist encouraged me to express anger.

___ The therapist was a positive female role model.

___ I shared my personal experiences even though it was sometimes a painful process for me.

___ The therapist made her values clear to me.

___ The therapist was competent and used helpful techniques.

___ The therapist was someone to talk to.

___ The therapist respected me as a competent and worthwhile person.

___ I recognized the patterns of behavior that cause me problems.

___ The therapist encouraged me to nurture myself.

___ The therapist explained the process of therapy to me.

___ The therapist encouraged me to stop putting myself down.

___ Other (please specify) _____

_____

31. Were the goals of your therapy met?

yes ___ no ___

If the goals were met, what factors contributed to it? If they were not met, what factors contributed to their not being met?

32. To what extent do you feel it is necessary or desirable for the therapist to self-disclose (share her personal experiences)? (circle one)

1	2	3	4	5
I never want the therapist to self-disclose	I rarely want the therapist to self-disclose	I sometimes want the therapist to self-disclose	I often want the therapist to self-disclose	I always want the therapist to self-disclose

33. Have you ever participated in a previous study of feminist therapy?

yes ___ no ___

If yes, please give the author, title, type of study, if possible:

34. Are there any comments concerning this questionnaire you would like to make?

35. Would you like to receive the results of this study?

yes ___ no ___

If yes, please indicate your name and address (for mailing purposes only):

APPENDIX C

#____

THERAPIST QUESTIONNAIRE

1. Age____
2. Race/ethnic group:

   White ____ Asian-American ___

   Black ____ Filipino ___

   Mexican-American____ Other non-white ___
3. City and state of residence:

   _____
4. What is the highest degree you have earned?

   High school ___ RN ___

   BA/BS in _____ Ph.D. in _____

   MA/MS in _____ MD (specialty)_____

   Other (please specify)_____

   _____
5. Do you consider yourself to be a feminist therapist?

   yes ___ no____

   If so, how long have you been practicing feminist therapy?
6. Where did you receive your training in therapy? (check all that apply)

	Percentage
____academic setting	_____%
____clinic	_____%
____private practice	_____%
____workshops	_____%
____other (please specify)	_____%

If you did receive training in feminist therapy, where did you receive this training? (check all that apply)

	Percentage
___academic setting	____%
___clinic	____%
___private practice	____%
___workshops	____%
___other (please specify)	____%

If you did not receive any training in feminist therapy, how did you come to be a feminist therapist? (check any that apply)

___participated in a feminist group myself

___read extensively on the subject

___other (please specify) _____

_____

_____

7. What is your general theoretical orientation? (check all that apply)

___neo-Freudian ___Gestalt ___rational-emotive

___behaviorism ___humanistic ___feminist

___eclectic ___Jungian ___radical therapy

___Freudian ___Transactional Analysis

___other (please specify) _____

8. What is the focus of your practice? (check all that apply)

___children ___gay men ___social change/ community organizing

___adolescents ___individuals

___women ___groups

___lesbian women ___psychological testing

___families ___workshops

___heterosexual couples ___training

___gay couples ___consultation

___lesbian couples ___educational and/or vocational counseling

___men

___other (please specify) _____

9. Are you (check all that apply):

___ in a group collective
___ in private practice
___ employed by a public agency
___ member of a college or university faculty
___ enrolled in school
___ other (please specify) _____

10. Do you specialize in a particular problem area?

yes ___ no ___ If yes, please specify:

11. Do you see male clients?

yes ___ no ___ If yes, what percentage of your practice includes male clients?

less than 25% ___
25 - 50% ___
50 - 75% ___
75 - 100% ___

Are you seeing any male clients at the present time?

yes ___ no ___

12. What type of payment do you accept? (check all that apply)

___ a standard fee per hour/ what is the fee for group? ___
what is the fee for individual? ___

___ sliding scale/ what is the range for group? _____
what is the range for individual? ___

___ (Calif. only) Medi-Cal
___ private health insurance
___ other (please specify) _____

13. Do you reveal your sexual orientation to your clients?

yes ___ no ___

If yes, do you reveal your sexual orientation:

___ in the first session

___ when appropriate

___ in all cases

___ other (please specify) _____

14. Do you work only with clients who share your sexual orientation?

yes ___ no ___

15. Which of the following statements most accurately reflects your perspective? (check one)

___ Only through institutional change can equal treatment for both women and men be achieved.

___ The oppression of women must be eliminated through a complete restructuring of society.

___ Receiving equal treatment is an individual concern, not determined by a person's sex.

___ Other (please specify) _____

_____

16. Which of the following statements best relects your opinion concerning expertise in the therapeutic situation? (check one)

___ The therapist is the expert.

___ The therapist's skills and psychological insights may outweigh the client's self-awareness.

___ The therapist is not an expert. The client is the best expert on her/his own process.

___ The client is the best expert on her/his own process, but the therapist has certain skills and expertise.

___ Other (please specify) _____

_____

17. Before making a commitment to provide therapy, do you encourage your clients to shop around for a therapist?

yes ___ no ___

18. Which statement best describes your attitude toward the expression of your values in the therapeutic situation? (check one)

___ The therapist's values must be made explicit because therapy is value based.

___ Certain aspects of therapy are based on values which may be made explicit when relevant.

___ It is irrelevant for the therapist to make her/his values explicit.

___ Other (please specify) _____

_____

19. Which statement most accurately describes the degree to which you believe therapist self-disclosure is necessary in the therapeutic relationship? (check one)

___ Therapist self-disclosure is necessary for an equal relationship between therapist and client.

___ Therapist self-disclosure may be useful when appropriate or relevant to the client's problem.

___ Therapist self-disclosure is necessary for the elimination of the exploitive aspects of power.

___ Therapist self-disclosure is inappropriate.

___ Other (please specify) _____

_____

20. In general, what do you feel the goals of therapy should be? (check one)

___ There must be individual and societal change. Both therapists and clients should be involved in social change.

___ There must be individual and societal change, although the client need not participate in the latter.

___ There should be enough individual change to enable the client to become involved in social change. Both therapists and clients must be involved in social change.

___ Individual change should be the main goal in therapy.

___ Other (please specify) _____

_____

21. To what extent do you discuss the issue of sex-role stereotyping with your clients? (circle one)

1	2	3	4	5
never	rarely	sometimes	often	always

22. Which statement best describes your view of sex roles? (check one)

___ Traditional sex roles are normal and should be reinforced.

___ Traditional sex roles should be completely abolished and replaced by an androgynous model of mental health.

___ Traditional sex roles should be abolished when possible or desired. Sex-specific differences in behavior which people choose to retain should be equally valued.

___ Other (please specify) _____

_____

23. To what extent do you negotiate fees with your clients? (circle one)

1	2	3	4	5
never	rarely	sometimes	often	always

If so, within what range do you negotiate fees? $_____

24. To what extent do you negotiate therapeutic contracts with your clients? (circle one)

1	2	3	4	5
never	rarely	sometimes	often	always

25. Would you be friends with your clients:

before therapy? yes ___ no ___

during therapy? yes ___ no ___

after therapy? yes ___ no ___

If you answered yes to any of the above, under what circumstances would you be friends with your clients? (check all that apply)

___ in social situations

___ in political situations

___ other (please specify) _____

_____

26. Which of the following statements most accurately describes your opinion concerning the gender of a feminist therapist? (check one)

___ All feminist therapists are women. Men cannot serve as role models or validate women's experience in this society.

___ The majority of feminist therapists are women, but some highly conscious men may be feminist therapists.

___ Both women and men may be equally effective as feminist therapists.

___ Other (please specify) _____

_____

27. Have you ever participated in a previous study of feminist therapy?

yes ___ no ___

If yes, please give the author, title, type of study, if possible:

28. This study also includes clients' experience with feminist therapy. Are you willing to send questionnaires to your clients if stamped, self-addressed envelopes are included?

yes___ no ___ If so, how many client questionnaires should I send for you to distribute? _____

29. Are there any comments concerning this questionnaire you would like to make?

30. Are you interested in receiving the results of the study?

yes ___ no ___ If yes, please indicate your name and address (for mailing purposes only):